

Fill in this information to identify the case:

Debtor name Zhang Medical P.C. d/b/a New Hope Fertility Center
United States Bankruptcy Court for the: Southern District of New York
Case number (if known): 23-10678 (State)

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>10,177,278.84</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>10,177,278.84</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>0.00</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 6a of <i>Schedule E/F</i>	\$ <u>0.00</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 6b of <i>Schedule E/F</i>	+\$ <u>5,797,128.17</u>
4. Total liabilities	\$ <u>5,797,128.17</u>
Lines 2 + 3a + 3b	

Fill in this information to identify the case:Debtor name Zhang Medical P.C. d/b/a New Hope Fertility CenterUnited States Bankruptcy Court for the: Southern District of New YorkCase number (if known): 23-10678☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**\$ 0.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. Bank of America	Savings	5 5 6 9	\$ 2,420.00
3.2. See continuation sheet			\$ 991,015.48

4. Other cash equivalents (Identify all)

4.1.	\$
4.2.	\$

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 993,435.48**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit	
7.1.	\$
7.2.	\$

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. Autopilot Review paid through 10/27/23 \$ 2,600.00

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ 2,600.00**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**11a. 90 days old or less: 2,606,239.49 - 0.00 = → \$ 2,606,239.49
face amount doubtful or uncollectible accounts11b. Over 90 days old: 708,910.04 - 0.00 = → \$ 708,910.04
face amount doubtful or uncollectible accounts**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 3,315,149.53**Part 4: Investments****13. Does the debtor own any investments?**☐ No. Go to Part 5.☒ Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. NHFC Inc. d/b/a Life Consulting 0 % Related entity owned t \$ 0.0015.2. See continuation sheet _____ % _____ \$ 4,818,884.83**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ 4,818,884.83

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
- ☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
	MM / DD / YYYY	\$		\$
20. Work in progress				
	MM / DD / YYYY	\$		\$
21. Finished goods, including goods held for resale				
	MM / DD / YYYY	\$		\$
22. Other inventory or supplies				
Medical, office, housekeeping, and marketing supplies:		179,000.00		179,000.00
	MM / DD / YYYY	\$		\$
23. Total of Part 5				179,000.00
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable?

- ☐ No
- ☒ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes. Book value Valuation method Current value

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
	\$		\$
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
	\$		\$
30. Farm machinery and equipment (Other than titled motor vehicles)			
	\$		\$
31. Farm and fishing supplies, chemicals, and feed			
	\$		\$
32. Other farming and fishing-related property not already listed in Part 6			
	\$		\$

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$

34. **Is the debtor a member of an agricultural cooperative?**

- ☐ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?

☐ No

☐ Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No
- ☐ Yes. Book value \$ Valuation method Current value \$

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

- ☐ No
- ☐ Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Movable equipment	\$ 430.00	S/L	\$ 430.00
40. Office fixtures Operational Assets (Desks, Computers, Printers, Etc)	\$ 50,000.00		\$ 50,000.00
41. Office equipment, including all computer equipment and communication systems equipment and software Clinical Assets (Exam Tables, Pharmaceuticals) and Lab Assets (7 Lab Stations, Tanks)	\$ 775,000.00		\$ 775,000.00
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1	\$		\$
42.2	\$		\$
42.3	\$		\$

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 825,430.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☐ No
- ☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1	\$		\$
47.2	\$		\$
47.3	\$		\$
47.4	\$		\$
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1	\$		\$
48.2	\$		\$
49. Aircraft and accessories			
49.1	\$		\$
49.2	\$		\$
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Fixed equipment, Leasehold improvements			
	\$ 42,779.00	S/L	\$ 42,779.00

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ 42,779.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
- ☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1		\$ _____	_____	\$ _____
55.2		\$ _____	_____	\$ _____
55.3		\$ _____	_____	\$ _____
56. Total of Part 9. Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.				\$ _____
57. Is a depreciation schedule available for any of the property listed in Part 9?				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes				
58. Has any of the property listed in Part 9 been appraised by a professional within the last year?				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes				

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____	_____	\$ _____
61. Internet domain names and websites https://www.newhopefertility.com/	\$ _____	_____	\$ Unknown
62. Licenses, franchises, and royalties	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property	\$ _____	_____	\$ _____
65. Goodwill	\$ _____	_____	\$ _____
66. Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$ 0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?
☒ No
☐ Yes
68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?
☒ No
☐ Yes
69. Has any of the property listed in Part 10 been appraised by a professional within the last year?
☐ No
☒ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?
Include all interests in executory contracts and unexpired leases not previously reported on this form.
☐ No. Go to Part 12.
☒ Yes. Fill in the information below.
- | | | | Current value of debtor's interest |
|--|--|----|------------------------------------|
| 71. Notes receivable | | | |
| Description (include name of obligor) | <div><div></div><div>Total face amount</div></div> — <div><div></div><div>doubtful or uncollectible amount</div></div> = ➔ | \$ | |
| 72. Tax refunds and unused net operating losses (NOLs) | | | |
| Description (for example, federal, state, local) | | | |
| | Tax year | | \$ |
| | Tax year | | \$ |
| | Tax year | | \$ |
| 73. Interests in insurance policies or annuities | | | |
| See continuation sheet | | | \$ Unknown |
| 74. Causes of action against third parties (whether or not a lawsuit has been filed) | | | |
| See continuation sheet | | | \$ Unknown |
| Nature of claim | | | |
| Amount requested | \$ | | |
| 75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims | | | |
| | | | \$ |
| Nature of claim | | | |
| Amount requested | \$ | | |
| 76. Trusts, equitable or future interests in property | | | |
| | | | \$ |
| 77. Other property of any kind not already listed Examples: Season tickets, country club membership | | | |
| | | | \$ |
| | | | \$ |
| 78. Total of Part 11. | Add lines 71 through 77. Copy the total to line 90. | | \$ 0.00 |
| 79. Has any of the property listed in Part 11 been appraised by a professional within the last year? | | | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 993,435.48	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 2,600.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 3,315,149.53	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 4,818,884.83	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 179,000.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 825,430.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 42,779.00	
88. Real property. <i>Copy line 56, Part 9.</i> →		\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 10,177,278.84	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. 10,177,278.84		\$ 10,177,278.84

Continuation Sheet for Official Form 206 A/B**3) Checking, savings, money market, or financial brokerage accounts**

Bank of America (Payroll)	Checking	5572
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Balance:	194,670.88
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Chase	Savings	3713
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Balance:	504.08
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Chase	Checking	1093
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Balance:	1,881.94
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Chase	Checking	2082
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Balance:	10,200.49
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Chase	Checking	7628
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Balance:	71,315.02
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Chase	Savings	7761
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Balance:	500,115.47
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Chase	Savings	7595
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Balance:	993.53
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Chase	Checking	9329
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Balance:	21,292.81
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Bank of America	Checking	4557
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(Operating)		
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Balance:	97,036.35
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Chase	Savings	0665
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Balance:	89,123.44
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Chase	Checking	6621
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Balance:	3,681.95
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Bank of America Checking	Checking	5828
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(Taxes)		
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Balance:	199.52
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15) Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Sophia Practice	0%	Related entity	0.00
Management Corp.		owned by Dr. John	
		Zhang with no	
		value.	

Continuation Sheet for Official Form 206 A/B

Darwin Life Inc.	0%	Related entity owned by Dr. John Zhang with no value.	1,471.02
Zhang Management Inc.	0%	Related entity owned by Dr. John Zhang with no value.	0.00
Columbus Circle OB/GYN Services P. C (passthrough corporation)	100%	Cash and AR.	4,733,766.00
Fertlink LLC (Inactive)	0%	Related entity owned by Dr. John Zhang with no value.	0.00
Green City Developments, LLC (pass through)	0%	Related entity owned by Dr. John Zhang with no value.	0.00
New Hope Fertility Long Island PLLC (inactive)	0%	Related entity owned by Dr. John Zhang with no value.	0.00
New Taste Management Inc.	0%	Related entity owned by Dr. John Zhang with no value.	0.00
New Hope-New Life Holding Company (passthrough)	100%	Appears on 2020 taxes but debtor is inactive and has no value.	0.00
New Hope Columbus, Inc.	0%	Related entity owned by Dr. John Zhang with no value.	0.00
U.S Kitazato, Inc.	0%	Related entity owned by Dr. John Zhang with no value.	0.00
AIVF (Inactive)	0%	Related entity owned by Dr. John Zhang with no value.	0.00
American Home (inactive)	0%	Related entity owned by Dr. John Zhang with no value.	0.00

Continuation Sheet for Official Form 206 A/B

Columbus Circle Gynecology P.C	0%	Related entity owned by Dr. John Zhang with no value.	0.00
The Catherine Foundation for Reproductive Medicine	100%		Unknown
American Home IVF LLC, (Inactive)	0%	Related entity owned by Dr. John Zhang with no value.	0.00
New Hope Women's Center, LLC. (Never active).	0%	Related entity owned by Dr. John Zhang with no value.	0.00
Amercian Mobile IVF LLC, (Inactive)	0%	Related entity owned by Dr. John Zhang with no value.	0.00
Sophia Practice Management Corp D/B/A New Hope Lab	0%	Related entity owned by Dr. John Zhang with no value.	0.00
New Beginnings Surrogacy Services, (Inactive 5 years ago)	0%	Related entity owned by Dr. John Zhang with no value.	0.00
New Hope Genomics, LLC. (Never active).	0%	Related entity owned by Dr. John Zhang with no value.	0.00
432 Park Avenue Ste 66A LLC	0%	Related entity owned by Dr. John Zhang with no value.	0.00
AIVF INC. (Inactive)	0%	Related entity owned by Dr. John Zhang with no value.	0.00
New Hope Fertility Brooklyn PLLC	0%	Related entity owned by Dr. John Zhang with no value.	0.00
New Hope MSO Inc.	0%	Related entity owned by Dr. John Zhang.	83,647.81

Continuation Sheet for Official Form 206 A/B**73) Interests in insurance policies or annuities**

NYSIF Workers Compensation	Unknown
Oxford Employee Health Insurance	Unknown
Mutual of Omaha Short Term Disability and Life Insurance	Unknown
NYSIF Disability and Paid Family Leave	Unknown
Merchant's Advantage Plus General Liability	Unknown
Coverys Malpractice Insurance	Unknown
The Hartford Employment Liability Insurance	Unknown
Technology Insurance Company Cyber Insurance	Unknown
Guardian Employer Sponsored Insurance	Unknown

74) Causes of action against third parties (whether or not a lawsuit has been filed)

Zhang Medical P.C v. Legacy IVF LLC, New York County Supreme Case No. 652195/2019	(1) Tortious Interference with Contract, (2) Tortious Interference with Business Relations, (3) Unfair Competition, (4) Misappropriation of Confidential Information and Trade Secrets, and (5) Defamation.	6,000,000.00	Unknown
Cause of action against Rejuvenating Fertility Center	Unauthorized use of debtor's images, name, and logo.	0.00	Unknown
Cause of action against New Hope Fertility Center in Mexico City	Unauthorized use of debtor's images, name, and logo.	0.00	Unknown

Fill in this information to identify the case:Debtor name Zhang Medical P.C. d/b/a New Hope Fertility CenterUnited States Bankruptcy Court for the: Southern District of New YorkCase number (if known): 23-10678☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.*Column A***Amount of claim**

Do not deduct the value of collateral.

*Column B***Value of collateral that supports this claim****2.1 Creditor's name****Describe debtor's property that is subject to a lien****Creditor's mailing address**

\$ _____ \$ _____

Creditor's email address, if known**Describe the lien****Date debt was incurred** _____**Last 4 digits of account number** _____**Do multiple creditors have an interest in the same property?**

- ☐ No
- ☐ Yes. Specify each creditor, including this creditor,

Is the creditor an insider or related party?

- ☐ No
- ☐ Yes

Is anyone else liable on this claim?

- ☐ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

2.2 Creditor's name**Describe debtor's property that is subject to a lien****Creditor's mailing address**

\$ _____ \$ _____

Creditor's email address, if known**Describe the lien****Date debt was incurred** _____**Last 4 digits of account number** _____**Do multiple creditors have an interest in the same property?**

- ☐ No
- ☐ Yes. Have you already specified the relative priority?
- ☐ No. Specify each creditor, including this creditor, and its relative priority.

Is the creditor an insider or related party?

- ☐ No
- ☐ Yes

Is anyone else liable on this claim?

- ☐ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ _____

Fill in this information to identify the case:

Debtor Zhang Medical P.C. d/b/a New Hope Fertility Center
United States Bankruptcy Court for the: Southern District of New York
Case number 23-10678
(If known)

☐ Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

Internal Revenue Service
PO Box 7346
Centralized Insolvency Agency
Philadelphia, PA, 19101-7346

As of the petition filing date, the claim is: \$ 0.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Total claim

Priority amount

\$ _____

Date or dates debt was incurred

Basis for the claim:

Taxes & Other Government Units

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

2.2 Priority creditor's name and mailing address

NYC Dept. of Finance
66 John St.
Room 104
New York, NY, 10038

As of the petition filing date, the claim is: \$ 0.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Taxes & Other Government Units

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

2.3 Priority creditor's name and mailing address

NYS Dept of Tax And Finance
Bankruptcy Section
PO Box 5300
Albany, NY, 12205-0300

As of the petition filing date, the claim is: \$ 0.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Taxes & Other Government Units

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address 4 IMPRINT 101 Commerce Street Oshkosh, WI, 54901 Date or dates debt was incurred _____ Last 4 digits of account number <u>7098</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>2,919.38</u>
3.2	Nonpriority creditor's name and mailing address 5W Public Relations, LLC 3 Park Ave 19th Floor New York, NY, 10016 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>10,445.92</u>
3.3	Nonpriority creditor's name and mailing address AAA All Voice and Data Inc - 5th Floor 5 Heron Drive Marlboro, NJ, 07746 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>13,440.00</u>
3.4	Nonpriority creditor's name and mailing address ABM Building Value 14141 Southwest Freeway Sute. 400 Sugar Land, TX, 77478 Date or dates debt was incurred _____ Last 4 digits of account number <u>2460</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>3,434.16</u>
3.5	Nonpriority creditor's name and mailing address Advarra, Inc. 6100 Merriweather Dr. Suite 600 Columbia, MD, 21044 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>2,945.00</u>
3.6	Nonpriority creditor's name and mailing address Airgas USA LLC 6055 Rockside Woods Blvd Independence, OH, 44131 Date or dates debt was incurred _____ Last 4 digits of account number <u>0639</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>5,036.39</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.⁷ Nonpriority creditor's name and mailing address

Aphorp Pharmacy / RG Drug Group
2191 Broadway

New York, NY, 10024-6611

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 5,857.32

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁸ Nonpriority creditor's name and mailing address

Astec Bio USA Inc
10 Keith Way

Hingham, MA, 02043-4259

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 7,684.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁹ Nonpriority creditor's name and mailing address

Banc of America Leasing & Capital LLC
555 California St FL 4
San Francisco, CA, 94104

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ Unknown

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.¹⁰ Nonpriority creditor's name and mailing address

Bank of America
PO Box 982238
El Paso, TX, 79998

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ Unknown

Basis for the claim: Loan Agreement

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.¹¹ Nonpriority creditor's name and mailing address

BIO RAD
1000 Alfred Nobel Drive

Hercules, CA, 94547

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 720.35

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 5453

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.¹² Nonpriority creditor's name and mailing address

BioReference Laboratories Patient Pay
PO Box 21134

New York, NY, 10087-1134

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 4,822.25

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number H516

3.¹³ Nonpriority creditor's name and mailing address

Blalock Walters, P.A.
PO Box 469

Bradenton, FL, 34206-0469

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,745.00

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number -005

3.¹⁴ Nonpriority creditor's name and mailing address

Bracco Diagnostics
259 Prospect Plains Road Building H

Monroe Township, NJ, 08831

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3.¹⁵ Nonpriority creditor's name and mailing address

Bread & Honey
941 8th Ave

New York, NY, 10019

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,829.49

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3.¹⁶ Nonpriority creditor's name and mailing address

CCB Kitazato LLC
11915 La Grange Ave

Los Angeles, CA, 90025

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 11,334.90

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number 0116

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹⁷ Nonpriority creditor's name and mailing address

Change Healthcare
5995 Windward Parkway
MSTP 4901
Alparetta, GA, 30005

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 644.22

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number 2614

3. ¹⁸ Nonpriority creditor's name and mailing address

Citibank N.A.
The Home Depot
P.O. Box 790034
Saint Louis, MO, 63179-9979

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ Unknown

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. ¹⁹ Nonpriority creditor's name and mailing address

CLC
100 West 93rd Street
6C
New York, NY, 10025

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. ²⁰ Nonpriority creditor's name and mailing address

Clinical Research Strategies, LLC
6400 Brooktree Ct
Wexford, PA, 15090

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 3,000.00

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. ²¹ Nonpriority creditor's name and mailing address

Cognizant
300 Frank W Burr Blvd
Suite 36
Teaneck, NJ, 07666

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 51,489.19

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ²² Nonpriority creditor's name and mailing address

Cook Medical LLC
22988 Network Place

Chicago, IL, 60673-1229

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,829.88

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 76-23. ²³ Nonpriority creditor's name and mailing address

Cooper Surgical, Inc.
PO Box 714643

Cincinnati, OH, 45271

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

\$ 1,428.97

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 59503. ²⁴ Nonpriority creditor's name and mailing address

CooperGenomics Inc
PO Box 714643

Cincinnati, OH, 45271-4363

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 922,042.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number Y0193. ²⁵ Nonpriority creditor's name and mailing address

Cryostar Industries, Inc.
109 Urban Ave

Westbury, NY, 11590

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 647.81

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 24823. ²⁶ Nonpriority creditor's name and mailing address

CT Corporation
PO Box 4349

Carol Stream, IL, 60197-4349

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 139.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 1736

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ²⁷ Nonpriority creditor's name and mailing address

De Lage Landen Financial 500-50388325
PO Box 825736

Philadelphia, PA, 19182-5736

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,143.01

Basis for the claim: Financing service

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number 8325

3. ²⁸ Nonpriority creditor's name and mailing address

Dennis Basso
825 Madison Ave

New York, NY, 10065

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 108.88

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number 7858

3. ²⁹ Nonpriority creditor's name and mailing address

E.R (pseudonym/fictitious name)
c/o Joel M Rubenstein
19 West 44th Street, Suite 1500
New York, NY, 10036

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

\$ Unknown

Basis for the claim: Pending Lawsuit.

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. ³⁰ Nonpriority creditor's name and mailing address

EB Employee Solutions, LLC
Box #791293

Baltimore, MD, 21279-1293

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,492.50

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. ³¹ Nonpriority creditor's name and mailing address

EBM IT Solutions Provider
35 Nutmeg Dr.

Trumbull, CT, 06611

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 31,690.25

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ³² Nonpriority creditor's name and mailing address

Emcor Services New York/New Jersey, Inc.
5 Dakota Dr
#111
New Hyde Park, NY, 11042

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,282.55

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number 8676

3. ³³ Nonpriority creditor's name and mailing address

EngagedMD, LLC
PO Box 4668 PMB 39776

New York, NY, 10163-4668

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 4,810.50

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number 4qzi

3. ³⁴ Nonpriority creditor's name and mailing address

Epstein Becker & Green, P.C.
875 3rd Ave

New York, NY, 10022

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 11,378.21

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. ³⁵ Nonpriority creditor's name and mailing address

Fisher Healthcare
PO Box 3648

Boston, MA, 02241-3648

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,970.02

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number -001

3. ³⁶ Nonpriority creditor's name and mailing address

Floreal, Inc.
319 West 100 Street
#B
New York, NY, 10025

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 3,919.50

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ³⁷ Nonpriority creditor's name and mailing address

FRIER LEVITT
84 Bloomfield Ave

Pine Brook, NJ, 07058

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 3,742.50

Basis for the claim: Healthcare Law Firm

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ³⁸ Nonpriority creditor's name and mailing address

Future Family
9702 Gayton Rd. #165

Richmond, VA, 23238

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 790.00

Basis for the claim: Fertility financing

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ³⁹ Nonpriority creditor's name and mailing address

GE Precision Healthcare LLC
9900 W Innovation Dr.

Wauwatosa, WI, 53226

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,993.98

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 2971

3. ⁴⁰ Nonpriority creditor's name and mailing address

Georgette Fleischer
19 Cleveland Place Apt. 4H
New York, NY, 10012

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

\$ Undetermined

Basis for the claim: Pending claim

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁴¹ Nonpriority creditor's name and mailing address

GLL BVK Columbus Circle LLC
125 West 55th Street

New York, NY, 10019

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

\$ 3,222,290.66

Basis for the claim: Commercial Lease Obligations

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁴² Nonpriority creditor's name and mailing address

Global Med Systems, LLC
95 Brook Ave

Deer Park, NY, 11729

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,066.98

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁴³ Nonpriority creditor's name and mailing address

Graduate Pest Control, Inc.
641 6 Ave West East

Northport, NY, 11731

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 489.94

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 1312

3. ⁴⁴ Nonpriority creditor's name and mailing address

GRM Information Management Services, Inc.
215 Coles Street

Jersey City, NJ, 07310

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 477.32

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 4437

3. ⁴⁵ Nonpriority creditor's name and mailing address

Guardian Life Insurance - Disability & PFL
10 Hudson Yards

New York, NY, 10001

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,227.33

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁴⁶ Nonpriority creditor's name and mailing address

Guo Qiang Chen
c/o Ying Liu
41-60 Main Street Ste. 208A
Flushing, NY, 11355

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

\$ Unknown

Basis for the claim: Pending lawsuit.

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁴⁷ Nonpriority creditor's name and mailing address

HealthCare Financial Services
PO Box 641419

Pittsburgh, PA, 15264-1419

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 4,668.16

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number 1-9)

3. ⁴⁸ Nonpriority creditor's name and mailing address

Henry Schein
135 Duryea Road

Melville, NY, 11747

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 54,918.43

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number 4956

3. ⁴⁹ Nonpriority creditor's name and mailing address

Henry York Advertising
267 5th Ave
suite 914
New York, NY, 10016

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 261.82

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3. ⁵⁰ Nonpriority creditor's name and mailing address

Illumina, Inc.
12864 Collection Center Dr.

Chicago, IL, 60693-0128

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 12,055.41

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number 8657

3. ⁵¹ Nonpriority creditor's name and mailing address

ImageFirst
PO Box 844891

Boston, MA, 02284-4891

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,901.00

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number 0010

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p>3. ⁵² Nonpriority creditor's name and mailing address</p> <p>IPFS PO Box 32144 New York, NY, 10087-2144</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>5799</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Suppliers or Vendors</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>17,120.97</u></p>
<p>3. ⁵³ Nonpriority creditor's name and mailing address</p> <p>Juan Cheng c/o Ying Liu 41-60 Main Street Ste. 208A Flushing, NY, 11355</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Pending lawsuit.</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>Unknown</u></p>
<p>3. ⁵⁴ Nonpriority creditor's name and mailing address</p> <p>KIMOY Studios Architecture DPC 134 W 29th St #809 New York, NY, 10001</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Services</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>10,475.26</u></p>
<p>3. ⁵⁵ Nonpriority creditor's name and mailing address</p> <p>Konica Minolta Business Solution 21146 Network Place Chicago, IL, 60673-1211</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>4608</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Services</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>0.00</u></p>
<p>3. ⁵⁶ Nonpriority creditor's name and mailing address</p> <p>Laboratory Corporation of America Holdings PO Box 12140 Burlington, NC, 27216-2140</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>5245</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Services</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>4,929.13</u></p>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.⁵⁷ Nonpriority creditor's name and mailing address

LeadSquared Inc.
510 Thornall St
#210
Edison, NJ, 08837

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 15,750.00

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number 8970

3.⁵⁸ Nonpriority creditor's name and mailing address

Life Global Group, LLC
393 Soundview Rd

Guilford, CT, 06437

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Credit Card Debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3.⁵⁹ Nonpriority creditor's name and mailing address

Life Technologies Corporation
5781 Van Allen Way

Carlsbad, CA, 92008

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 18,056.99

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number 0309

3.⁶⁰ Nonpriority creditor's name and mailing address

Manhattan Printing
267 5th Avenue

New York, NY, 10016

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 261.82

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3.⁶¹ Nonpriority creditor's name and mailing address

MatTek Corporation
200 Homer Ave

Ashland, MA, 01721

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 3,526.46

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁶² Nonpriority creditor's name and mailing address

MedCal Pharmacy LLC
6010 Bay Parkway
Brooklyn, NY, 11204

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 8,800.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁶³ Nonpriority creditor's name and mailing address

Metro Drugs
931 Lexington Ave
New York, NY, 10065

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 11,342.06

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number NG01

3. ⁶⁴ Nonpriority creditor's name and mailing address

Mettler-Toledo Rainin, LLC
7500 Edgewater Dr
Oakland, CA, 94621

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,734.90

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 0053

3. ⁶⁵ Nonpriority creditor's name and mailing address

Mobie Experiential Trucks
12816 Inglewood Ave
Unite 564
Hawthorne, CA, 90250

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1.00

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. ⁶⁶ Nonpriority creditor's name and mailing address

MRC Holland BV
Willem Schoutenstraat 1
1057 DL Amsterdam
the Netherlands

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 5,715.51

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 2301

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.⁶⁷ Nonpriority creditor's name and mailing address

Natera, Inc.
201 Industrial Road
Suite 410
San Carlos, CA, 94070

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 792.00

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁶⁸ Nonpriority creditor's name and mailing address

New England Independent Review Board, LLC
212 Carnegie Center
Ste. 310
Princeton, NJ, 08540

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,969.00

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁶⁹ Nonpriority creditor's name and mailing address

New Golden Horse Car & Limo Service Inc
30-50 Whitestone Expy

Flushing, NY, 11354

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 116.75

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 2958

3.⁷⁰ Nonpriority creditor's name and mailing address

Nixon Peabody LLP
1300 Clinton Square

Rochester, NY, 14604

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 5,525.00

Basis for the claim: Law firm

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 5519

3.⁷¹ Nonpriority creditor's name and mailing address

Olympus America Inc
3500 Corporate Parkway

Center Valley, PA, 18034

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 5,367.29

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 7432

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.⁷² Nonpriority creditor's name and mailing address

Origio, Inc.
95 Corporate Drive
Trumbull, CT, 06611

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 43,217.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number 5950

3.⁷³ Nonpriority creditor's name and mailing address

Pension Benefit Guaranty Corporation
Office of the General Counsel
445 12th Street, SW
Washington, DC, 20024

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3.⁷⁴ Nonpriority creditor's name and mailing address

Pitney Bowes
27 Waterview Dr.

Shelton, CT, 06484-9768

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 579.96

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number 8845

3.⁷⁵ Nonpriority creditor's name and mailing address

Progenity
PO BOX 4155

Sarasota, FL, 34230

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ -10.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number 2968

3.⁷⁶ Nonpriority creditor's name and mailing address

Qvera LLC
265 N Main St
Ste D140
Kaysville, UT, 84037

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 378.00

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.⁷⁷ Nonpriority creditor's name and mailing address

Reprobiotech Corp.
PO Box 3605

New Hyde Park, NY, 11040

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 3,019.00

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁷⁸ Nonpriority creditor's name and mailing address

RingCentral Inc.
20 Davis Drive

Belmont, CA, 94002

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 8,344.59

Basis for the claim: Telephone / Internet services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 9016

3.⁷⁹ Nonpriority creditor's name and mailing address

Roche Diagnostics
9115 Hague Road
PO Box 50457
Indianapolis, IN, 46250-0457

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 49,870.29

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 9962

3.⁸⁰ Nonpriority creditor's name and mailing address

SEO Brand
150 E Palmetto Park Rd
Suite 800
Boca Raton, FL, 33432

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 19,375.00

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁸¹ Nonpriority creditor's name and mailing address

Sessions, Israel & Shartle
3850 N. Causeway Blvd.
Suite 200
Metairie, LA, 70002-7227

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 741.00

Basis for the claim: Law firm.

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 0146

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.⁸² Nonpriority creditor's name and mailing address

Sharps Compliance, Inc
PO Box 679502

Dallas, TX, 75267-9502

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,981.00

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁸³ Nonpriority creditor's name and mailing address

Skyland Construction
39 West 32nd St.
Ste. 900
New York, NY, 10001

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

\$ 1,030,824.97

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3.⁸⁴ Nonpriority creditor's name and mailing address

Slomin's - Alarm
125 Lauman Lane

Hicksville, NY, 11801

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 23,294.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 5919

3.⁸⁵ Nonpriority creditor's name and mailing address

Staples
PO Box 70242

Philadelphia, PA, 19176-0242

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 3,054.55

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 5999

3.⁸⁶ Nonpriority creditor's name and mailing address

Strategic Business Communication
1979 Marcus Avenue, Suite 210

Lake Success, NY, 11042-1022

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1.00

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.⁸⁷ Nonpriority creditor's name and mailing address

Technical Safety Services LLC
40 Burt Dr
STE 9
Deer Park, NY, 11729

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,052.22

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

HF01

3.⁸⁸ Nonpriority creditor's name and mailing address

Telelanguage Inc.
10801 Mastin Blvd
Ste. 580
Overland Park, KS, 66210

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 7.43

Basis for the claim: Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3.⁸⁹ Nonpriority creditor's name and mailing address

Thermo Fisher Financial - 50271361
PO Box 825736

Philadelphia, PA, 19182-5736

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 6,365.00

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

2541

3.⁹⁰ Nonpriority creditor's name and mailing address

Tosoh Bioscience Inc
PO Box 712415

Cincinnati, OH, 45271

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 27,702.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

4695

3.⁹¹ Nonpriority creditor's name and mailing address

U.S Bank
c/o Jessica J. Buehler
1310 Madrid Street
Marshall, MN, 56258

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ Unknown

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

7000

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.⁹² Nonpriority creditor's name and mailing address

Uline
700 Uline Way

Allentown, PA, 18106

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,813.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number 2475

3.⁹³ Nonpriority creditor's name and mailing address

United Ad Label
1750 Wallace Avenue

St. Charles, IL, 60174

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 415.37

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number 0001

3.⁹⁴ Nonpriority creditor's name and mailing address

United Healthcare Insurance Company
Attn: CDM/BANKRUPTCY
185 Asylum Street 03B
Hartford, CT, 06103

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 2,204.79

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3.⁹⁵ Nonpriority creditor's name and mailing address

US KITAZATO
27W 60th Street
PO Box 20221
New York, NY, 10023

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 0.00

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3.⁹⁶ Nonpriority creditor's name and mailing address

USA Scientific, Inc.
PO Box 3565

Ocala, FL, 34478

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 257.54

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number 7872

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.⁹⁷ Nonpriority creditor's name and mailing address

Verizon - 8552412635 241.50
PO Box 5156

Tampa, FL, 33675

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 249.11

Basis for the claim: Telephone / Internet services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number 1-17

3.⁹⁸ Nonpriority creditor's name and mailing address

Verizon - XO Communication
PO Box 15043

Albany, NY, 12212

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 1,385.48

Basis for the claim: Telephone / Internet services

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number 7446

3.⁹⁹ Nonpriority creditor's name and mailing address

Vitrolife Inc
3601 S Inca St

Englewood, CO, 80110-3430

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 26,289.06

Basis for the claim: Suppliers or Vendors

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number 2943

3.¹⁰⁰ Nonpriority creditor's name and mailing address

Voyce, Inc.
1580 Sawgrass Corporate Pkwy
STE 110
Sunrise, FL, 33323

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 249.00

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number

3.¹⁰¹ Nonpriority creditor's name and mailing address

VWR International, LLC
100 Matsonford Road
Radnor Corporate Center Building One, Suite
200
Radnor, PA, 19087-8660

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 4,353.19

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred

Last 4 digits of account number 1532

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹⁰² Nonpriority creditor's name and mailing address

WB Mason Co., Inc.
59 Centre Street

Brockton, MA, 02301

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 422.40

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number 4924

3. ¹⁰³ Nonpriority creditor's name and mailing address

Xue & Associate P.C.
1 School Street
Suite 303A
Glen Cove, NY, 11542

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ 5,093.90

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

3. Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Date or dates debt was incurred _____

Last 4 digits of account number _____

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.	Liu & Shields LLP c/o Carolyn J. Shields 136-65 37th Avenue Ste. 212 Flushing, NY, 11354	Line <u>3.53</u> <input type="checkbox"/> Not listed. Explain: _____	_____
4.2.	Rubin LLC c/o Paul A. Rubin 11 Broadway, Suite 715 New York, NY, 10004	Line <u>3.41</u> <input type="checkbox"/> Not listed. Explain: _____	_____
4.3.	Stern, Tannenbaum & Bell, LLP c/o Karen S. Frieman 380 Lexington Avenue New York, NY, 10168	Line <u>3.41</u> <input type="checkbox"/> Not listed. Explain: _____	_____
4.4.		Line _____ <input type="checkbox"/> Not listed. Explain: _____	_____
4.1.		Line _____ <input type="checkbox"/> Not listed. Explain: _____	_____
4.5.		Line _____ <input type="checkbox"/> Not listed. Explain: _____	_____
4.6.		Line _____ <input type="checkbox"/> Not listed. Explain: _____	_____
4.7.		Line _____ <input type="checkbox"/> Not listed. Explain: _____	_____
4.8.		Line _____ <input type="checkbox"/> Not listed. Explain: _____	_____
4.9.		Line _____ <input type="checkbox"/> Not listed. Explain: _____	_____
4.10.		Line _____ <input type="checkbox"/> Not listed. Explain: _____	_____
4.11.		Line _____ <input type="checkbox"/> Not listed. Explain: _____	_____

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts		
5a. Total claims from Part 1	5a.	\$ 0.00
5b. Total claims from Part 2	5b. +	\$ 5,797,128.17
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ 5,797,128.17

Fill in this information to identify the case:Debtor name Zhang Medical P.C. d/b/a New Hope Fertility CenterUnited States Bankruptcy Court for the: Southern District of New YorkCase number (if known): 23-10678Chapter 11☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	Insurance Payer Contract State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	CIGNA 900 Cottage Grove Rd Bloomfield, CT, 06002
2.2	Tesla Model X 2022 Lessee State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	Tesla Motors New York LLC 160 Van Brunt Street Brooklyn, NY, 11231
	Until 01/23/2025.	
2.3	Lease of debtor's principal place of business. Lessee State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	GLL BVK Columbus Circle LLC c/o GLL Real Estate Partners, Inc 200 Park Avenue South, Suite 1707 New York, NY, 10003
	Ends 4/9/35	
2.4	GE Healthcare equipment Lessee State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	GE HFS, LLC 9900 W. Innovation Dr. Milwaukee, WI, 53226
	11/19/2024	
2.5	2 GE Versana Active 1.5 Ultrasound Machines. Lessee State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	NewLane Finance 123 S Broad St 17th floor Philadelphia, PA, 19109
	3/26/2025	

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.6	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>GE Healthcare equipment. Lessee</p> <p>07/16/2024</p> <p>State the term remaining</p> <p>List the contract number o any government contract</p>	<p>GE HFS, LLC</p> <p>9900 W. Innovation Dr. Milwaukee, WI, 53226</p>
2.7	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>GE Healthcare equipment. Lessee</p> <p>07/17/2024</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>GE HFS, LLC</p> <p>9900 W. Innovation Dr. Milwaukee, WI, 53226</p>
2.8	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>GE Healthcare equipment. Lessee</p> <p>8/23/2024</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>GE HFS, LLC</p> <p>9900 W. Innovation Dr. Milwaukee, WI, 53226</p>
2.9	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Primary Supplier Agreement Lessee</p> <p>11/1/2023</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Henry Schein Medical</p> <p>601 W 168th St New York, NY, 10032</p>
2.10	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Copiers/printers lease Lessee</p> <p>4/22/2024</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Konica Minolta Premier Finance</p> <p>101 Williams Drive Ramsey, NJ, 07446</p>
2.11	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>First Data Merchant Services, LLC a payment processing service with Wells Fargo as the sponsoring bank</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CardConnect</p> <p>1000 Continental Drive, Suite 300 Jenkintown, PA, 19046</p>
2.	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	

Fill in this information to identify the case:Debtor name Zhang Medical P.C. d/b/a New Hope Fertility CenterUnited States Bankruptcy Court for the: Southern District of New YorkCase number (If known): 23-10678☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 Dr. John Zhang	Dr. John Zhang 4 Columbus Circle, 4th Floor New York, NY 10019	GE HFS, LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.2 Dr. John Zhang	Dr. John Zhang 4 Columbus Circle, 4th Floor New York, NY 10019	GE HFS, LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.3 Dr. John Zhang	Dr. John Zhang 4 Columbus Circle, 4th Floor New York, NY 10019	GE HFS, LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.4 Dr. John Zhang	Dr. John Zhang 4 Columbus Circle, 4th Floor New York, NY 10019	GE HFS, LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.5 Dr. John Zhang	Dr. John Zhang 4 Columbus Circle, 4th Floor New York, NY 10019	NewLane Finance	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.6 New Hope MSO	New Hope MSO 4 Columbus Cir. Fl. 4 New York, NY 10019	Bank of America	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2. <u>7</u> CCOGS	CCOGS 4 Columbus Cir. Fl. 4rNew York, NY 10019	Bank of America	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. <u>8</u> New Hope MSO	New Hope MSO 4 Columbus Cir. Fl. 4rNew York, NY 10019	Banc of America Leasing & Capital LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. <u>9</u> Zhang Management	Zhang Management 4 Columbus Cir. Fl. 4rNew York, NY 10019	Bank of America	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. <u>10</u> New Hope Columbus	New Hope Columbus 4 Columbus Cir. Fl. 4rNew York, NY 10019	Bank of America	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. <u>11</u> NHFC Inc.	NHFC Inc. 4 Columbus Cir. Fl. 4rNew York, NY 10019	Bank of America	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. <u>12</u> Dr. John Zhang	Dr. John Zhang 4 Columbus Circle, 4th Floor\rNew York, NY 10019	Bank of America	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. <u>13</u> Dr. John Zhang	Dr. John Zhang 4 Columbus Circle, 4th Floor\rNew York, NY 10019	Banc of America Leasing & Capital LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2. <u>14</u> Dr. John Zhang	Dr. John Zhang 4 Columbus Circle, 4th Floor\rNew York, NY 10019	Georgette Fleischer	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Zhang Medical P.C. d/b/a New Hope Fertility Center
Name

Case number (if known) 23-10678

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.15 Dr. John Zhang	Dr. John Zhang 4 Columbus Circle, 4th Floor New York, NY 10019	Tesla Motors New York LLC	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:Debtor name Zhang Medical P.C. d/b/a New Hope Fertility CenterUnited States Bankruptcy Court for the: Southern District of New YorkCase number (if known): 23-10678☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/22**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply**Gross revenue**
(before deductions and exclusions)**From the beginning of the fiscal year to filing date:**From 01/23/2023 to Filing date
MM / DD / YYYY☒ Operating a business
☐ Other\$ 8,829,362.00**For prior year:**From 01/23/2022 to 02/22/2023
MM / DD / YYYY☒ Operating a business
☐ Other\$ 27,031,080.00**For the year before that:**From 01/23/2021 to 02/22/2022
MM / DD / YYYY☒ Operating a business
☐ Other\$ 28,601,036.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**From the beginning of the fiscal year to filing date:**From _____ to Filing date
MM / DD / YYYY

_____ \$ _____

For prior year:From _____ to _____
MM / DD / YYYY

_____ \$ _____

For the year before that:From _____ to _____
MM / DD / YYYY

_____ \$ _____

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/23 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <u>See attached.</u> Creditor's name		\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. _____ Creditor's name		\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. _____ Insider's name	_____ _____ _____	\$ _____	
Relationship to debtor _____			
4.2. _____ Insider's name	_____ _____ _____	\$ _____	
Relationship to debtor _____			

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

Value of property

\$ _____

\$_____

Amount

\$ _____

Status of case

☒ Pending

 On appeal

 Concluded

100163/2022

☒ Pending

☐ On appeal

Concluded

60 Centre St
New York, NY 10007

651900/2023

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
_____	_____	\$ _____
Custodian's name	Case title	Court name and address
_____	_____	_____
Case number	Name	_____
_____	Date of order or assignment	_____
_____	_____	_____

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. _____	_____	_____	\$ _____
Recipient's name	_____	_____	\$ _____
Recipient's relationship to debtor	_____	_____	\$ _____
_____	_____	_____	\$ _____
9.2. _____	_____	_____	\$ _____
Recipient's name	_____	_____	\$ _____
Recipient's relationship to debtor	_____	_____	\$ _____
_____	_____	_____	\$ _____

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Date of loss	Value of property lost
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Pardalis & Nohavicka, LLP		04/2023	\$ 50,000.00
	Address			
	950 3rd Ave 11th floor New York, NY 10022			

Email or website address

Who made the payment, if not debtor?

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.				\$
	Address			

Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
			\$

Trustee

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			
13.2. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy	
	From	To
14.1. _____	_____	_____
14.2. _____	_____	_____

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
☒ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.1. Zhang Medical Center
Facility name

4 Columbus Cir., 4th floor
New York, NY 10019

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically
☐ Paper

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.2. _____
Facility name

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically
☐ Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
☒ Yes. State the nature of the information collected and retained. Personal, Financial, Medical.

Does the debtor have a privacy policy about that information?

- ☐ No
☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
Yes. Does the debtor serve as plan administrator?

- ☐ No. Go to Part 10.
☒ Yes. Fill in below:

Name of plan

Employer identification number of the plan

Defined Benefit Pension plan administered by EZ Pension

EIN: 13-4199700

Has the plan been terminated?

- ☒ No
☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	<u>Name</u>	XXXX- <u></u>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other <u></u>	<u></u>	\$ <u></u>
18.2.	<u>Name</u>	XXXX- <u></u>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other <u></u>	<u></u>	\$ <u></u>

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<u>Name</u>			<input type="checkbox"/> No <input type="checkbox"/> Yes
<u>Address</u>			

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<u>Storage facility</u> Name		Medical records. Details to be provided.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<u>Address</u>			

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Description of the property	Value
New Hope MSO Name (Related Entity)	New Hope Fertility Center\r4 Columbus Cir 4th floor, NY 10019	Medical equipment.	\$ <u>Unknown</u>

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
<u></u>	<u></u>		<input type="checkbox"/> Pending
Case number	Name		<input type="checkbox"/> On appeal
<u></u>			<input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
<u></u> Name	<u></u> Name		<u></u>

Debtor Zhang Medical P.C. d/b/a New Hope Fertility Center
Name

Case number (if known) 23-10678

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☐ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. <u>NEW HOPE-NEW LIFE HOLDING COMP</u> Name 4 COLUMBUS CIRCLE 4TH FL\rNew York, NY 10019	Pass through corp	EIN: <u>27-2322526</u> Dates business existed From _____ To _____
25.2. <u>COLUMBUS CIRCLE OB/GYN SERVICES</u> Name 4 COLUMBUS CIRCLE 4TH FL\rNew York, NY 10019	Pass through corp	EIN: <u>81-0855566</u> Dates business existed From _____ To _____
25.3. _____ Name		EIN: _____ Dates business existed From _____ To _____

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
26a.1. <u>Perry D'Alessio</u> Name <u>350 5th Ave Suite 5260, New York, NY 10118</u>	From <u>01/01/2022</u> To <u>04/30/2023</u>

Name and address	Dates of service
26a.2. <u>Hyton Accounting</u> Name <u>107 E Broadway #2fl, New York, NY 10002</u>	From _____ To _____

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address	Dates of service
26b.1. _____ Name	From _____ To _____

Name and address	Dates of service
26b.2. _____ Name	From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. _____ Name	

Debtor

Zhang Medical P.C. d/b/a New Hope Fertility Center

Name

Case number (if known) 23-10678

Name and address

If any books of account and records are unavailable, explain why

26c.2.

Name

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1.

GLL BVK Columbus Circle LLC

Name

125 West 55th Street, New York, NY 10019

Name and address

26d.2.

Name

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

**Date of
inventory**

**The dollar amount and basis (cost, market, or
other basis) of each inventory**

\$ _____

Name and address of the person who has possession of inventory records

27.1.

Name

Debtor Zhang Medical P.C. d/b/a New Hope Fertility Center
Name

Case number (if known) 23-10678

Name of the person who supervised the taking of the inventory

Date of
inventory

The dollar amount and basis (cost, market, or
other basis) of each inventory

\$

Name and address of the person who has possession of inventory records

27.2.

Name

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Dr. John Zhang	4 Columbus Circle, 4th Floor, New York, NY 10019	Sole owner	100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No

☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Mindy Eng, Former COO	4 Columbus Circle, 4th Floor, New York, NY 10019		_____ To _____
			_____ To _____
			_____ To _____
			_____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. Adnan Tahirovic Name 4 Columbus Circle, 4th Floor New York, NY 10019	151,461.57	_____	Salary.
Relationship to debtor Chief Operating Officer		_____	

Debtor Zhang Medical P.C. d/b/a New Hope Fertility Center
Name

Case number (if known) 23-10678

Name and address of recipient

77,000.04

Salary

30.2

Chloe Cai

Name

4 Columbus Circle, 4th Floor

New York, NY 10019

Relationship to debtor

Chief Executive Officer

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☐ No

☒ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

Defined Benefit Pension plan administered by EZ Pension

EIN: 13-4199700

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/29/2023
MM / DD / YYYY

X

/s/ Dr. John J. Zhang

Printed name Dr. John J. Zhang

Signature of individual signing on behalf of the debtor

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No

☒ Yes

Debtor Name Zhang Medical P.C. d/b/a New Hope Fertility Center

Case number (if known) 23-10678

Continuation Sheet for Official Form 207

7) Legal Actions

Cheng et al v. Zhang Medical P.C. et al

1:21-cv-06682

362 Torts - Personal Injury - Medical Malpractice

New York Southern District Court

500 Pearl St, New York, NY 10007

Concluded

E. R. - v. - NEW HOPE FERTILITY CENTER

161252/2017

Torts- Other.

New York County Supreme

60 Centre St, New York, NY 10007

Pending

17) Pension Contributions

Profit sharing plan 13-4199700
administered by Mutual
of America

21) Property held for another

Patients

,

Debtor holds frozen embryos, oocytes, and sperm for its patients in its regular course of business.

Value: Unknown

26a) Bookkeepers

Friedman LLP	One Liberty Plaza,
Accountants &	165 Broadway 21st
Advisor	Floor, New York,
	NY 10006

Continuation Sheet for Official Form 207

Vivian Zhou (Z&X
CPA's LLC) 350 5th Ave #5911,
New York, NY 10118

Eric & Young LLC 222 Bruce Reynolds
Blvd. Suite 310,
Fort Lee, NJ 07024

30) Payments, distributions, or withdrawals credited or given to insiders

Name and Address:

Dr. John Zhang

4 Columbus Circle, 4th Floor
New York, NY 10019

Amount of money or description: \$2,650,978.62

Dates: - , - , -

Reason: Salary and draws.

Name and Address:

Mindy Eng

4 Columbus Circle, 4th Floor
New York, NY 10019

Amount of money or description: \$82,762.58

Dates: - , - , -

Reason: Salary.

32) Pension Contributions

Profit sharing plan administered by 13-4199700
Mutual of America

90 Days Transactions for Creditors Who Received More Than \$7,575 During That Period

Date	Creditor	Amount
02/17/2023	5W Public Relations, LLC	\$ 425.00
02/17/2023	5W Public Relations, LLC	\$ 10,000.00
04/26/2023	5W Public Relations, LLC	\$ 20.92
02/16/2023	5W Public Relations, LLC	\$ 10,425.00
02/17/2023	5W Public Relations, LLC	\$ (10,425.00)
02/03/2023	Airgas USA LLC	\$ 2,877.41
02/03/2023	Airgas USA LLC	\$ 1,187.37
03/03/2023	Airgas USA LLC	\$ 1,222.34
03/03/2023	Airgas USA LLC	\$ 1,037.85
03/03/2023	Airgas USA LLC	\$ 554.12
03/03/2023	Airgas USA LLC	\$ 1,177.58
03/13/2023	Airgas USA LLC	\$ 2,880.09
03/13/2023	Airgas USA LLC	\$ 1,134.99
03/13/2023	Airgas USA LLC	\$ 1,134.99
03/13/2023	Airgas USA LLC	\$ 1,187.37
03/31/2023	Airgas USA LLC	\$ 1,134.99
03/31/2023	Airgas USA LLC	\$ 1,377.34
04/04/2023	Airgas USA LLC	\$ 2,579.72
04/04/2023	Airgas USA LLC	\$ 1,371.86
04/04/2023	Airgas USA LLC	\$ 1,212.55
02/24/2023	Apthorp Pharmacy / RG Drug Group	\$ 408.52
03/31/2023	Apthorp Pharmacy / RG Drug Group	\$ 2,881.51
02/24/2023	Apthorp Pharmacy / RG Drug Group	\$ 4,804.80
03/31/2023	Apthorp Pharmacy / RG Drug Group	\$ 4,804.80
02/06/2023	Azalea Health Innovations, Inc.	\$ 4,617.60
02/24/2023	Azalea Health Innovations, Inc.	\$ 4,611.00
03/31/2023	Azalea Health Innovations, Inc.	\$ 4,611.00
04/10/2023	Azalea Health Innovations, Inc.	\$ 4,611.00
04/04/2023	CCB Kitazato LLC	\$ 10,886.35
03/29/2023	Change Healthcare	\$ 644.22
03/29/2023	Change Healthcare	\$ 644.22
03/29/2023	Change Healthcare	\$ 611.22
03/29/2023	Change Healthcare	\$ 644.22
03/29/2023	Change Healthcare	\$ 611.22
03/29/2023	Change Healthcare	\$ 644.22
03/29/2023	Change Healthcare	\$ 644.22
03/29/2023	Change Healthcare	\$ 644.22
03/29/2023	Change Healthcare	\$ 644.22
03/29/2023	Change Healthcare	\$ 92.41
03/29/2023	Change Healthcare	\$ 644.22
03/29/2023	Change Healthcare	\$ 644.22
03/29/2023	Change Healthcare	\$ 644.22

03/29/2023	Change Healthcare	\$	72.76
03/29/2023	Change Healthcare	\$	53.11
03/29/2023	Change Healthcare	\$	72.76
03/29/2023	Change Healthcare	\$	15.14
03/29/2023	Change Healthcare	\$	19.97
03/29/2023	Change Healthcare	\$	33.46
03/29/2023	Change Healthcare	\$	18.64
03/29/2023	Change Healthcare	\$	18.95
03/29/2023	Change Healthcare	\$	13.45
03/29/2023	Change Healthcare	\$	18.64
03/29/2023	Change Healthcare	\$	33.46
03/29/2023	Change Healthcare	\$	13.45
02/08/2023	Con Edison	\$	4,133.15
03/02/2023	Con Edison	\$	31.72
03/02/2023	Con Edison	\$	35.84
03/02/2023	Con Edison	\$	98.31
03/06/2023	Con Edison	\$	31.72
03/10/2023	Con Edison	\$	3,834.72
03/31/2023	Con Edison	\$	33.70
03/31/2023	Con Edison	\$	104.26
03/31/2023	Con Edison	\$	36.51
03/31/2023	Con Edison	\$	32.76
04/10/2023	Con Edison	\$	3,242.36
02/03/2023	Cooper Surgical Inc - Embryo Options	\$	21,743.05
04/06/2023	Cooper Surgical Inc - Embryo Options	\$	17,824.09
02/10/2023	Cooper Surgical, Inc.	\$	1,799.32
04/21/2023	Donor 1	\$	8,000.00
02/06/2023	Cryotech America, LLC	\$	8,672.13
02/10/2023	Cryotech America, LLC	\$	9,675.00
03/03/2023	Cryotech America, LLC	\$	2,290.00
03/31/2023	D'Alessio Tocci & Pell, LLP	\$	4,147.50
04/04/2023	D'Alessio Tocci & Pell, LLP	\$	8,700.00
04/28/2023	D'Alessio Tocci & Pell, LLP	\$	2,625.00
04/28/2023	D'Alessio Tocci & Pell, LLP	\$	35,000.00
02/03/2023	D'Alessio Tocci & Pell, LLP	\$	(14,553.75)
02/07/2023	D'Alessio Tocci & Pell, LLP	\$	14,553.75
02/03/2023	Data Innovations LLC	\$	955.80
02/03/2023	Data Innovations LLC	\$	6,750.00
02/03/2023	Data Innovations LLC	\$	690.00
02/03/2023	Data Innovations LLC	\$	4,620.00
02/03/2023	Data Innovations LLC	\$	556.09
02/10/2023	Experimental Culture Media Productions and Consignment, LLC	\$	1,438.92
02/10/2023	Experimental Culture Media Productions and Consignment, LLC	\$	3,491.16
03/31/2023	Experimental Culture Media Productions and Consignment, LLC	\$	2,166.87
03/31/2023	Experimental Culture Media Productions and Consignment, LLC	\$	400.28
04/04/2023	Experimental Culture Media Productions and Consignment, LLC	\$	3,801.53
02/02/2023	Facebook	\$	900.00
02/04/2023	Facebook	\$	900.00

02/06/2023	Facebook	\$	900.00
02/09/2023	Facebook	\$	900.00
02/11/2023	Facebook	\$	900.00
02/13/2023	Facebook	\$	900.00
02/15/2023	Facebook	\$	900.00
02/17/2023	Facebook	\$	180.39
02/18/2023	Facebook	\$	900.00
02/20/2023	Facebook	\$	900.00
02/23/2023	Facebook	\$	900.00
02/24/2023	Facebook	\$	75.66
02/25/2023	Facebook	\$	900.00
02/28/2023	Facebook	\$	900.00
03/02/2023	Facebook	\$	17.77
03/02/2023	Facebook	\$	900.00
03/04/2023	Facebook	\$	900.00
03/07/2023	Facebook	\$	900.00
03/08/2023	Facebook	\$	600.00
03/09/2023	Facebook	\$	900.00
03/12/2023	Facebook	\$	900.00
03/14/2023	Facebook	\$	900.00
03/16/2023	Facebook	\$	900.00
03/17/2023	Facebook	\$	224.16
03/19/2023	Facebook	\$	900.00
03/21/2023	Facebook	\$	900.00
03/23/2023	Facebook	\$	900.00
03/24/2023	Facebook	\$	1.49
03/26/2023	Facebook	\$	900.00
03/28/2023	Facebook	\$	900.00
04/01/2023	Facebook	\$	900.00
04/02/2023	Facebook	\$	91.75
04/04/2023	Facebook	\$	900.00
04/05/2023	Facebook	\$	599.99
04/06/2023	Facebook	\$	900.00
04/09/2023	Facebook	\$	900.00
04/11/2023	Facebook	\$	900.00
04/13/2023	Facebook	\$	900.00
04/16/2023	Facebook	\$	900.00
04/17/2023	Facebook	\$	326.85
04/18/2023	Facebook	\$	900.00
02/02/2023	Google*ADWS	\$	500.00
02/03/2023	Google*ADWS	\$	500.00
02/04/2023	Google*ADWS	\$	500.00
02/06/2023	Google*ADWS	\$	500.00
02/06/2023	Google*ADWS	\$	500.00
02/08/2023	Google*ADWS	\$	500.00
02/08/2023	Google*ADWS	\$	500.00
02/09/2023	Google*ADWS	\$	500.00
02/10/2023	Google*ADWS	\$	500.00

02/11/2023	Google*ADWS	\$	500.00
02/12/2023	Google*ADWS	\$	500.00
02/13/2023	Google*ADWS	\$	500.00
02/14/2023	Google*ADWS	\$	500.00
02/15/2023	Google*ADWS	\$	500.00
02/16/2023	Google*ADWS	\$	500.00
02/16/2023	Google*ADWS	\$	500.00
02/18/2023	Google*ADWS	\$	500.00
02/20/2023	Google*ADWS	\$	500.00
02/22/2023	Google*ADWS	\$	500.00
02/23/2023	Google*ADWS	\$	500.00
02/25/2023	Google*ADWS	\$	500.00
02/27/2023	Google*ADWS	\$	500.00
03/02/2023	Google*ADWS	\$	500.00
03/03/2023	Google*ADWS	\$	500.00
03/04/2023	Google*ADWS	\$	500.00
03/05/2023	Google*ADWS	\$	500.00
03/06/2023	Google*ADWS	\$	500.00
03/07/2023	Google*ADWS	\$	500.00
03/09/2023	Google*ADWS	\$	500.00
03/10/2023	Google*ADWS	\$	500.00
03/11/2023	Google*ADWS	\$	500.00
03/13/2023	Google*ADWS	\$	500.00
03/14/2023	Google*ADWS	\$	500.00
03/15/2023	Google*ADWS	\$	500.00
03/16/2023	Google*ADWS	\$	500.00
03/17/2023	Google*ADWS	\$	500.00
03/18/2023	Google*ADWS	\$	500.00
03/19/2023	Google*ADWS	\$	500.00
03/20/2023	Google*ADWS	\$	500.00
03/22/2023	Google*ADWS	\$	500.00
03/22/2023	Google*ADWS	\$	500.00
03/23/2023	Google*ADWS	\$	500.00
03/24/2023	Google*ADWS	\$	500.00
03/26/2023	Google*ADWS	\$	500.00
03/27/2023	Google*ADWS	\$	500.00
03/27/2023	Google*ADWS	\$	500.00
03/28/2023	Google*ADWS	\$	500.00
03/29/2023	Google*ADWS	\$	500.00
03/30/2023	Google*ADWS	\$	500.00
04/02/2023	Google*ADWS	\$	500.00
04/03/2023	Google*ADWS	\$	500.00
04/04/2023	Google*ADWS	\$	500.00
04/05/2023	Google*ADWS	\$	500.00
04/06/2023	Google*ADWS	\$	500.00
04/07/2023	Google*ADWS	\$	500.00
04/08/2023	Google*ADWS	\$	500.00
04/09/2023	Google*ADWS	\$	500.00

04/09/2023	Google*ADWS	\$	500.00
04/10/2023	Google*ADWS	\$	500.00
04/11/2023	Google*ADWS	\$	500.00
04/12/2023	Google*ADWS	\$	500.00
04/12/2023	Google*ADWS	\$	500.00
04/14/2023	Google*ADWS	\$	500.00
04/17/2023	Google*ADWS	\$	500.00
04/18/2023	Google*ADWS	\$	500.00
02/01/2023	Google*SVCS_APP_NHFC	\$	2,479.98
02/01/2023	Google*SVCS_APP_NHFC	\$	28.12
03/01/2023	Google*SVCS_APP_NHFC	\$	2,454.08
03/01/2023	Google*SVCS_APP_NHFC	\$	28.60
04/01/2023	Google*SVCS_APP_NHFC	\$	28.60
04/01/2023	Google*SVCS_APP_NHFC	\$	2,441.80
02/01/2023	Google*SVCS_APP_NHFC	\$	2,479.98
02/01/2023	Google*SVCS_APP_NHFC	\$	28.12
03/01/2023	Google*SVCS_APP_NHFC	\$	2,454.08
03/01/2023	Google*SVCS_APP_NHFC	\$	28.60
04/01/2023	Google*SVCS_APP_NHFC	\$	28.60
04/01/2023	Google*SVCS_APP_NHFC	\$	2,441.80
02/17/2023	GUARDIAN LIFE INSURANCE	\$	5,307.17
03/01/2023	GUARDIAN LIFE INSURANCE	\$	5,481.04
04/14/2023	GUARDIAN LIFE INSURANCE	\$	5,157.75
04/28/2023	GUARDIAN LIFE INSURANCE	\$	5,415.87
02/02/2023	GWENDOLYN LEIGHANN MARTINEZ	\$	2,500.00
02/16/2023	GWENDOLYN LEIGHANN MARTINEZ	\$	2,500.00
03/02/2023	GWENDOLYN LEIGHANN MARTINEZ	\$	2,375.00
03/16/2023	GWENDOLYN LEIGHANN MARTINEZ	\$	2,250.00
03/29/2023	GWENDOLYN LEIGHANN MARTINEZ	\$	2,250.00
03/10/2023	Hamilton Thorne Inc	\$	55.72
03/10/2023	Hamilton Thorne Inc	\$	1,500.00
03/10/2023	Hamilton Thorne Inc	\$	1,000.00
04/11/2023	Hamilton Thorne Inc	\$	2,000.00
04/11/2023	Hamilton Thorne Inc	\$	3,000.00
04/11/2023	Hamilton Thorne Inc	\$	21.00
02/08/2023	Hearst Media	\$	8,500.00
02/08/2023	Hearst Media	\$	4,250.00
02/08/2023	Hearst Media	\$	4,250.00
02/02/2023	Henry Schein	\$	3,300.58
02/02/2023	Henry Schein	\$	2,109.12
02/02/2023	Henry Schein	\$	3,471.18
02/02/2023	Henry Schein	\$	1,335.52
02/02/2023	Henry Schein	\$	1,696.70
02/22/2023	Henry Schein	\$	1,419.76
02/22/2023	Henry Schein	\$	107.87
02/22/2023	Henry Schein	\$	1,342.18
02/22/2023	Henry Schein	\$	474.00
02/22/2023	Henry Schein	\$	2,775.02

02/24/2023	Henry Schein	\$	6,015.78
02/24/2023	Henry Schein	\$	1,962.90
02/24/2023	Henry Schein	\$	132.00
02/24/2023	Henry Schein	\$	2,241.87
02/24/2023	Henry Schein	\$	1,856.50
02/24/2023	Henry Schein	\$	46.60
02/24/2023	Henry Schein	\$	46.60
02/24/2023	Henry Schein	\$	30.00
02/24/2023	Henry Schein	\$	1,593.25
02/24/2023	Henry Schein	\$	1,716.06
03/24/2023	Henry Schein	\$	1,018.81
03/24/2023	Henry Schein	\$	174.00
03/30/2023	Henry Schein	\$	298.00
03/30/2023	Henry Schein	\$	3,422.70
03/30/2023	Henry Schein	\$	6,877.24
03/30/2023	Henry Schein	\$	2,005.50
03/30/2023	Henry Schein	\$	1,740.51
03/30/2023	Henry Schein	\$	42.36
04/04/2023	Henry Schein	\$	191.40
04/04/2023	Henry Schein	\$	3,256.69
04/04/2023	Henry Schein	\$	3,764.40
04/04/2023	Henry Schein	\$	68.24
04/04/2023	Henry Schein	\$	987.94
02/02/2023	Henry Schein	\$	50.58
02/22/2023	Henry Schein	\$	195.88
02/22/2023	Henry Schein	\$	635.31
02/24/2023	Henry Schein	\$	1,236.40
02/02/2023	Henry Schein	\$	177.76
02/24/2023	Henry Schein	\$	184.67
02/24/2023	Henry Schein	\$	973.18
02/24/2023	Henry Schein	\$	178.94
03/24/2023	Henry Schein	\$	98.72
03/30/2023	Henry Schein	\$	331.66
04/04/2023	Henry Schein	\$	1,673.85
04/04/2023	Henry Schein	\$	102.70
04/04/2023	Henry Schein	\$	796.15
04/04/2023	Henry Schein	\$	64.13
02/24/2023	Henry Schein	\$	1,197.60
02/02/2023	Henry Schein	\$	305.51
02/02/2023	Henry Schein	\$	118.53
02/02/2023	Henry Schein	\$	167.62
02/02/2023	Henry Schein	\$	24.51
02/02/2023	Henry Schein	\$	319.54
02/02/2023	Henry Schein	\$	34.85
02/02/2023	Henry Schein	\$	5.63
02/02/2023	Henry Schein	\$	294.10
02/02/2023	Henry Schein	\$	4.53
02/02/2023	Henry Schein	\$	186.69

02/22/2023	Henry Schein	\$	3.16
02/22/2023	Henry Schein	\$	179.16
02/22/2023	Henry Schein	\$	126.00
02/22/2023	Henry Schein	\$	42.07
02/22/2023	Henry Schein	\$	284.25
02/24/2023	Henry Schein	\$	243.58
02/24/2023	Henry Schein	\$	219.95
02/24/2023	Henry Schein	\$	186.93
02/24/2023	Henry Schein	\$	558.55
02/24/2023	Henry Schein	\$	15.50
02/24/2023	Henry Schein	\$	169.37
02/24/2023	Henry Schein	\$	369.74
02/24/2023	Henry Schein	\$	15.50
03/24/2023	Henry Schein	\$	15.44
03/24/2023	Henry Schein	\$	100.74
03/30/2023	Henry Schein	\$	338.44
03/30/2023	Henry Schein	\$	6.25
03/30/2023	Henry Schein	\$	161.27
03/30/2023	Henry Schein	\$	174.93
03/30/2023	Henry Schein	\$	619.70
04/04/2023	Henry Schein	\$	114.99
04/04/2023	Henry Schein	\$	430.08
04/04/2023	Henry Schein	\$	16.99
04/04/2023	Henry Schein	\$	6.06
04/04/2023	Henry Schein	\$	336.15
02/02/2023	Henry Schein	\$	276.16
02/02/2023	Henry Schein	\$	158.28
02/02/2023	Henry Schein	\$	63.48
02/02/2023	Henry Schein	\$	3,747.36
02/02/2023	Henry Schein	\$	316.00
02/22/2023	Henry Schein	\$	284.75
02/22/2023	Henry Schein	\$	177.76
02/24/2023	Henry Schein	\$	470.66
03/24/2023	Henry Schein	\$	(1,218.27)
03/24/2023	Henry Schein	\$	(189.44)
04/04/2023	Henry Schein	\$	260.95
04/04/2023	Henry Schein	\$	1,137.78
04/04/2023	Henry Schein	\$	468.30
02/02/2023	Henry Schein	\$	115.38
02/22/2023	Henry Schein	\$	35.64
02/22/2023	Henry Schein	\$	379.16
02/22/2023	Henry Schein	\$	173.40
02/24/2023	Henry Schein	\$	183.60
02/24/2023	Henry Schein	\$	173.40
02/02/2023	Henry Schein	\$	213.90
02/02/2023	Henry Schein	\$	51.00
02/24/2023	Henry Schein	\$	145.44
02/24/2023	Henry Schein	\$	51.90

[illegible]

[illegible]

03/04/2023	Intuit Software	\$	92.54
03/04/2023	Intuit Software	\$	92.54
03/04/2023	Intuit Software	\$	92.54
03/04/2023	Intuit Software	\$	92.54
03/04/2023	Intuit Software	\$	92.54
03/04/2023	Intuit Software	\$	92.54
03/07/2023	Intuit Software	\$	357.11
03/16/2023	Intuit Software	\$	92.54
04/04/2023	Intuit Software	\$	92.54
04/04/2023	Intuit Software	\$	92.54
04/04/2023	Intuit Software	\$	92.54
04/04/2023	Intuit Software	\$	92.54
04/04/2023	Intuit Software	\$	92.54
04/04/2023	Intuit Software	\$	92.54
04/04/2023	Intuit Software	\$	92.54
04/04/2023	Intuit Software	\$	92.54
04/04/2023	Intuit Software	\$	92.54
04/04/2023	Intuit Software	\$	92.54
04/04/2023	Intuit Software	\$	92.54
04/04/2023	Intuit Software	\$	92.54
04/04/2023	Intuit Software	\$	92.54
04/04/2023	Intuit Software	\$	92.54
04/04/2023	Intuit Software	\$	92.54
04/04/2023	Intuit Software	\$	92.54
04/07/2023	Intuit Software	\$	392.82
04/16/2023	Intuit Software	\$	92.54
02/01/2023	Jianming Li	\$	4,000.00
02/28/2023	Jianming Li	\$	4,000.00
04/07/2023	Jianming Li	\$	4,000.00
02/28/2023	Jianming Li	\$	1,829.30
02/22/2023	Konica Minolta Business Solution	\$	4,995.93
02/24/2023	Konica Minolta Business Solution	\$	214.93
02/24/2023	Konica Minolta Business Solution	\$	209.04
03/06/2023	Konica Minolta Business Solution	\$	139.99
03/22/2023	Konica Minolta Business Solution	\$	4,995.93
03/24/2023	Konica Minolta Business Solution	\$	214.93
03/24/2023	Konica Minolta Business Solution	\$	209.04
04/06/2023	Konica Minolta Business Solution	\$	139.99
04/24/2023	Konica Minolta Business Solution	\$	209.04
04/24/2023	Konica Minolta Business Solution	\$	4,995.93
04/24/2023	Konica Minolta Business Solution	\$	214.93
02/01/2023	Mbi	\$	347.80
02/02/2023	Mbi	\$	692.00
02/03/2023	Mbi	\$	995.62
02/06/2023	Mbi	\$	259.50
02/06/2023	Mbi	\$	187.00
02/06/2023	Mbi	\$	126.00
02/07/2023	Mbi	\$	4.70

02/08/2023	Mbi	\$	354.50
02/09/2023	Mbi	\$	53.00
02/10/2023	Mbi	\$	245.50
02/13/2023	Mbi	\$	72.80
02/13/2023	Mbi	\$	307.00
02/13/2023	Mbi	\$	273.00
02/14/2023	Mbi	\$	25.00
02/15/2023	Mbi	\$	639.00
02/16/2023	Mbi	\$	251.10
02/17/2023	Mbi	\$	300.00
02/21/2023	Mbi	\$	275.00
02/21/2023	Mbi	\$	95.00
02/22/2023	Mbi	\$	22.75
02/23/2023	Mbi	\$	130.00
02/24/2023	Mbi	\$	162.00
02/27/2023	Mbi	\$	184.96
02/27/2023	Mbi	\$	287.20
02/27/2023	Mbi	\$	43.00
02/28/2023	Mbi	\$	19.25
03/01/2023	Mbi	\$	764.25
03/02/2023	Mbi	\$	533.28
03/03/2023	Mbi	\$	1,268.50
03/06/2023	Mbi	\$	157.00
03/06/2023	Mbi	\$	334.00
03/06/2023	Mbi	\$	177.00
03/07/2023	Mbi	\$	(85.75)
03/08/2023	Mbi	\$	275.00
03/09/2023	Mbi	\$	226.50
03/10/2023	Mbi	\$	405.75
03/13/2023	Mbi	\$	107.00
03/13/2023	Mbi	\$	85.00
03/14/2023	Mbi	\$	192.00
03/15/2023	Mbi	\$	216.00
03/16/2023	Mbi	\$	368.20
03/17/2023	Mbi	\$	467.00
03/20/2023	Mbi	\$	87.00
03/20/2023	Mbi	\$	40.50
03/20/2023	Mbi	\$	252.00
03/21/2023	Mbi	\$	167.00
03/22/2023	Mbi	\$	22.00
03/23/2023	Mbi	\$	87.00
03/24/2023	Mbi	\$	383.50
03/27/2023	Mbi	\$	233.00
03/27/2023	Mbi	\$	136.54
03/27/2023	Mbi	\$	366.00
03/28/2023	Mbi	\$	33.00
03/29/2023	Mbi	\$	5.50
03/30/2023	Mbi	\$	42.50

03/31/2023	Mbi	\$	139.00
04/03/2023	Mbi	\$	218.65
04/03/2023	Mbi	\$	448.00
04/03/2023	Mbi	\$	214.45
04/04/2023	Mbi	\$	361.00
04/05/2023	Mbi	\$	377.56
04/06/2023	Mbi	\$	232.00
04/07/2023	Mbi	\$	42.00
04/10/2023	Mbi	\$	242.00
04/10/2023	Mbi	\$	63.50
04/10/2023	Mbi	\$	157.00
04/11/2023	Mbi	\$	29.58
04/12/2023	Mbi	\$	22.00
04/13/2023	Mbi	\$	312.00
04/14/2023	Mbi	\$	431.00
04/17/2023	Mbi	\$	252.00
04/17/2023	Mbi	\$	185.00
04/17/2023	Mbi	\$	32.00
04/19/2023	Mbi	\$	289.50
04/20/2023	Mbi	\$	159.48
04/21/2023	Mbi	\$	403.00
04/24/2023	Mbi	\$	152.75
04/24/2023	Mbi	\$	273.50
04/24/2023	Mbi	\$	20.00
04/25/2023	Mbi	\$	78.50
04/26/2023	Mbi	\$	316.50
04/27/2023	Mbi	\$	287.00
04/28/2023	Mbi	\$	156.00
02/03/2023	Metro Drugs	\$	1,846.39
02/03/2023	Metro Drugs	\$	2,118.79
02/24/2023	Metro Drugs	\$	1,991.69
02/03/2023	Metro Drugs	\$	3,599.40
02/03/2023	Metro Drugs	\$	4,799.20
02/03/2023	Metro Drugs	\$	4,799.20
02/24/2023	Metro Drugs	\$	4,799.20
03/31/2023	Metro Drugs	\$	3,599.40
03/31/2023	Metro Drugs	\$	4,799.20
03/31/2023	Metro Drugs	\$	3,599.40
02/03/2023	MID ATLANTIC TRUST COMPANY	\$	7,210.80
02/03/2023	MID ATLANTIC TRUST COMPANY	\$	(1,486.94)
02/17/2023	MID ATLANTIC TRUST COMPANY	\$	8,277.64
02/04/2023	MP COLUMBUS PARKING	\$	600.00
02/04/2023	MP COLUMBUS PARKING	\$	700.00
02/04/2023	MP COLUMBUS PARKING	\$	1,000.00
03/04/2023	MP COLUMBUS PARKING	\$	1,000.00
03/04/2023	MP COLUMBUS PARKING	\$	700.00
03/04/2023	MP COLUMBUS PARKING	\$	600.00
04/04/2023	MP COLUMBUS PARKING	\$	1,000.00

04/04/2023	MP COLUMBUS PARKING	\$	700.00
04/04/2023	MP COLUMBUS PARKING	\$	600.00
02/04/2023	MP COLUMBUS PARKING	\$	600.00
02/04/2023	MP COLUMBUS PARKING	\$	700.00
02/04/2023	MP COLUMBUS PARKING	\$	1,000.00
03/04/2023	MP COLUMBUS PARKING	\$	600.00
03/04/2023	MP COLUMBUS PARKING	\$	1,000.00
03/04/2023	MP COLUMBUS PARKING	\$	700.00
04/04/2023	MP COLUMBUS PARKING	\$	600.00
04/04/2023	MP COLUMBUS PARKING	\$	700.00
04/04/2023	MP COLUMBUS PARKING	\$	1,000.00
02/08/2023	New Hope MSO, Inc.	\$	50,000.00
02/24/2023	New Hope MSO, Inc.	\$	51,000.00
02/28/2023	New Hope MSO, Inc.	\$	64,969.87
02/17/2023	NEW YORK STATE INSURANCE FUND	\$	4,108.26
03/17/2023	NEW YORK STATE INSURANCE FUND	\$	4,098.66
02/03/2023	Origio, Inc.	\$	504.59
02/03/2023	Origio, Inc.	\$	2,869.62
02/03/2023	Origio, Inc.	\$	5,463.67
02/03/2023	Origio, Inc.	\$	6,570.10
02/03/2023	Origio, Inc.	\$	443.56
02/03/2023	Origio, Inc.	\$	466.87
02/03/2023	Origio, Inc.	\$	3,069.93
02/28/2023	Origio, Inc.	\$	9,057.66
02/28/2023	Origio, Inc.	\$	1,881.86
02/28/2023	Origio, Inc.	\$	1,847.96
02/28/2023	Origio, Inc.	\$	1,854.95
02/28/2023	Origio, Inc.	\$	6,786.01
03/13/2023	Origio, Inc.	\$	9,364.67
03/13/2023	Origio, Inc.	\$	326.93
03/13/2023	Origio, Inc.	\$	259.14
03/13/2023	Origio, Inc.	\$	11,132.43
03/31/2023	Origio, Inc.	\$	10,775.70
04/04/2023	Origio, Inc.	\$	690.34
04/04/2023	Origio, Inc.	\$	19,806.76
02/10/2023	Pardalis & Nohavicka LLP	\$	1,052.63
02/10/2023	Pardalis & Nohavicka LLP	\$	4,258.33
03/06/2023	Pardalis & Nohavicka LLP	\$	1,446.66
04/18/2023	Pardalis & Nohavicka LLP	\$	5,000.00
04/26/2023	Pardalis & Nohavicka LLP	\$	50,000.00
04/27/2023	Pardalis & Nohavicka LLP	\$	1,137.50
02/02/2023	Pearl Coast Inc	\$	16,923.08
02/16/2023	Pearl Coast Inc	\$	21,153.85
03/02/2023	Pearl Coast Inc	\$	21,153.85
03/16/2023	Pearl Coast Inc	\$	21,153.85
03/29/2023	Pearl Coast Inc	\$	12,692.31
03/06/2023	RingCentral Inc.	\$	23,824.07
04/05/2023	RingCentral Inc.	\$	1,003.69

04/05/2023	RingCentral Inc.	\$	4,732.95
04/05/2023	RingCentral Inc.	\$	1,907.78
04/05/2023	RingCentral Inc.	\$	4,576.05
04/05/2023	RingCentral Inc.	\$	1,907.47
04/18/2023	Donor 2	\$	8,000.00
02/02/2023	Soyo Wellness Inc	\$	6,809.52
02/07/2023	Soyo Wellness Inc	\$	40,000.00
02/16/2023	Soyo Wellness Inc	\$	6,809.52
03/01/2023	Soyo Wellness Inc	\$	40,000.00
03/02/2023	Soyo Wellness Inc	\$	6,809.52
03/16/2023	Soyo Wellness Inc	\$	42,000.00
03/16/2023	Soyo Wellness Inc	\$	6,809.52
03/29/2023	Soyo Wellness Inc	\$	6,809.52
04/26/2023	Soyo Wellness Inc	\$	40,000.00
02/10/2023	Tosoh Bioscience Inc	\$	8,146.19
02/10/2023	Tosoh Bioscience Inc	\$	5,902.65
03/31/2023	Tosoh Bioscience Inc	\$	8,696.89
03/31/2023	Tosoh Bioscience Inc	\$	9,292.17
03/31/2023	Tosoh Bioscience Inc	\$	8,586.50
04/04/2023	Tosoh Bioscience Inc	\$	9,524.42
04/04/2023	Tosoh Bioscience Inc	\$	9,424.87
04/04/2023	Tosoh Bioscience Inc	\$	8,535.72
04/04/2023	Tosoh Bioscience Inc	\$	6,380.96
02/03/2023	UHS Premium Billing	\$	2,373.57
02/03/2023	UHS Premium Billing	\$	41,090.10
02/03/2023	UHS Premium Billing	\$	14,240.24
03/01/2023	UHS Premium Billing	\$	18,444.00
03/01/2023	UHS Premium Billing	\$	40,161.51
03/01/2023	UHS Premium Billing	\$	2,373.57
04/03/2023	UHS Premium Billing	\$	39,232.92
04/03/2023	UHS Premium Billing	\$	11,717.98
04/03/2023	UHS Premium Billing	\$	2,373.57
04/28/2023	UHS Premium Billing	\$	2,373.57
04/28/2023	UHS Premium Billing	\$	40,904.37
04/28/2023	UHS Premium Billing	\$	18,759.28
02/03/2023	Vitrolife Inc	\$	8,085.00
02/03/2023	Vitrolife Inc	\$	1,155.00
03/31/2023	Vitrolife Inc	\$	2,425.50
03/17/2023	Vitrolife Inc	\$	17,099.93
03/17/2023	Vitrolife Inc	\$	34,088.00
02/03/2023	Vitrolife Inc	\$	847.78
02/03/2023	Vitrolife Inc	\$	129.67
03/31/2023	Vitrolife Inc	\$	258.69
02/15/2023	Wendy Ramirez	\$	464.74
04/28/2023	Wendy Ramirez	\$	720.52
04/28/2023	Wendy Ramirez	\$	1,198.80
02/02/2023	Wendy Ramirez	\$	4,000.00
02/16/2023	Wendy Ramirez	\$	4,000.00

03/02/2023	Wendy Ramirez	\$	4,000.00
03/16/2023	Wendy Ramirez	\$	4,000.00
03/29/2023	Wendy Ramirez	\$	4,000.00
02/01/2023	Xue & Associate P.C.	\$	6,570.00
03/06/2023	Xue & Associate P.C.	\$	6,150.00
04/05/2023	Xue & Associate P.C.	\$	7,065.00
03/06/2023	Merchant Processing Fee	\$	17,590.82
02/28/2023	Merchant Processing Fee	\$	15,942.88
03/31/2023	Merchant Processing Fee	\$	18,055.95
04/30/2023	Merchant Processing Fee	\$	19,862.22

Fill in this information to identify the case and this filing:

Debtor Name Zhang Medical P.C. d/b/a New Hope Fertility Center

United States Bankruptcy Court for the: Southern District of New York

Case number (If known): 23-10678

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature


I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/29/2023
MM / DD / YYYY

 /s/ Dr. John J. Zhang
Signature of individual signing on behalf of debtor

Dr. John J. Zhang

Printed name

President

Position or relationship to debtor

United States Bankruptcy Court

IN RE:

Case No. 23-10678

Zhang Medical P.C. d/b/a New Hope Fertility Center

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Registered name and last known address of security holder	Shares (Or Percentage)	Security Class (or kind of interest)
Dr. John Zhang 4 Columbus Circle, 4th Floor, New York, NY 10019	100	Other (Sole shareholder)

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

-----X
:
In re :
:
ZHANG MEDICAL P.C. d/b/a :
:
NEW HOPE FERTILITY CLINIC :
:
:
Debtor. :
-----X

Case No. 23-10678-pb

Sub-Chapter V Chapter 11

**GLOBAL NOTES REGARDING DEBTOR’S SCHEDULES OF ASSETS
AND LIABILITIES AND STATEMENT OF FINANCIAL AFFAIRS**

1. ZHANG MEDICAL P.C. (the “Debtor”) filed its Schedules of Assets and Liabilities (as may be amended, the “Schedules”) and Statement of Financial Affairs (as may be amended, the “Statement” and, collectively with the Schedules, the “Schedules and Statement”), which are filed contemporaneously herewith. The Schedules and Statement and these Global Notes (the “Global Notes”) were prepared pursuant to section 521 of title 11 of the United States Code, 11 U.S.C. §§ 101, et seq. (the “Bankruptcy Code”), and Rule 1007 of the Federal Rules of Bankruptcy Procedure by the Debtor’s sole shareholder, Chief Operating Officer, Chief Executive Officer and with the assistance of the Debtor’s proposed accounting firm D’Alessio Tocci & Pell, LLP. Unless otherwise indicated on the Schedules and Statement or the Global Notes, the information provided is as of the close of business on April 30, 2023 and all values are based on the information contained within the Debtor’s book and records as of that date. These Global Notes are incorporated by reference in, and comprise an integral part of, the Schedules and Statement and should be referred to and reviewed in connection with any review of the Schedules and Statement.

2. The Debtor filed a voluntary Chapter 11 petition on April 30, 2023 (the “Petition Date”). The Debtor was formed by Dr. John Zhang as a New York Sub-Chapter S in 2001. The Debtor subsequently leased two floors of Four Columbus Circle in Manhattan and commenced operating a full-service fertility clinic. The clinic maintains a team of highly trained specialists and offers a comprehensive range of fertility services, including egg freezing, preimplantation genetic testing, and fertility preservation for cancer patients. It also provides treatment for complex cases of infertility, such as recurrent pregnancy loss, male factor infertility, and diminished ovarian reserves.

3. The Debtor entered into a lease with GLL BVK Columbus Circle LLS (the “Landlord”) that has subsequently been amended and modified (the “Lease”). The Debtor’s prior lease originally provided that that the Debtor would occupy the third and fourth floors of Four Columbus Circle. In 2018, the Landlord approached the Debtor and stated that unless the Debtor leased the second and fifth floors, the Landlord would be forced to lease the entire building to another entity. During negotiations, it was contemplated that the Debtor would sub-lease the two additional floors: the Debtor did not require this additional space. Under the Lease, the Debtor’s approximate monthly fixed rent obligation to the Landlord is \$400,000 a month. The approximate rental obligation under the prior lease for the two occupied floors was less than \$200,000.00. The Debtor agreed to the Landlord’s request and entered into the Lease. The Lease expires in 2035.

4. The cessation of business that resulted from COVID-19 significantly affected the Debtor’s business and revenue during that time and its ability to meet its obligations under the Lease. Moreover, with the glut in commercial space in Manhattan and the reduction in market

rates for commercial space, the Debtor has been unable to sublet the two empty floors. The Debtor made numerous attempts to surrender the empty floors and negotiate a resolution with the Landlord but was unable to do so. The Debtor commenced this proceeding to provide it with an opportunity to affect a balance sheet reorganization and attempt to resolve this leasehold issue or reject the Lease and relocate to another location.

5. The Debtor has also suffered from, among other things, the impact of the recent loss of its head internal accountant and what its present management views as poor management by its prior management team. As a result, while the Debtor has made every reasonable effort to ensure that the Schedules and Statement are accurate and complete, based upon the information that was available to it at the time the Schedules and Statement were prepared, inadvertent errors and omissions may exist. Should the Debtor receive information it does not presently possess, or determine that a further review and analysis of the Debtor's books and records reveals errors or omissions, the amended Schedules and Statement may result in material changes to the financial data and other information contained therein.

6. The Debtor reserves all rights to amend the Schedules and Statement in all respects, as may be necessary or appropriate, including, but not limited to, the right to dispute or to assert offsets or defenses to any claim reflected on the Schedules as to amount, liability, or classification or otherwise subsequently to designate any claim as "disputed," "contingent," or "unliquidated." A failure to designate any claim as disputed, contingent, and/or unliquidated does not constitute an admission that such claim is not subject to objection. Nothing contained in the Schedules and Statement shall constitute a waiver of the Debtor's rights with respect to the chapter 11 case, its assumption or rejection of leases or contracts and any matter pertaining to the

prosecution of its case.

7. The Debtor attempted to accurately disclose what it perceives is the market value of its assets and inventory on the Petition Date. However, it reserves its right to amend this value, and the value of any and all of its assets, if and when it receives information that warrants an amendment to the values asserted to ensure that the Schedules and Statement are accurate. The Debtor did not obtain a professional valuation of its assets. The preparation of the Schedules and Statement required the Debtor to estimate, in some instances, the value of its assets and liabilities, the disclosure of assets and liabilities, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

8. The Debtor has not set forth all causes of action against all third parties as assets in their Schedules and Statement. The Debtor reserves all of its rights with respect to any causes of action it may have and neither these Global Notes nor the Schedules and Statement shall be deemed a waiver of any such causes of action.

9. The Debtor has not set forth the names and addresses of its employees or the names and addresses of its patients in the Schedules and Statement. The Debtor intends to file a motion seeking the Court's permission to omit this information from the Schedules and Statement.

10. The reservation of rights set forth herein is not intended to limit any right the Debtor may assert to amend or modify any Schedule or Statement permitted under the applicable Bankruptcy Code, Bankruptcy Rules, Locals Rules, or common law.

United States Bankruptcy Court
Southern District of New York

In re: Zhang Medical P.C. d/b/a New Hope Fertility
Center

Case No. 23-10678

Chapter 11

Debtor(s)

Verification of Amended Creditor Matrix

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 05/29/2023

/s/ Dr. John J. Zhang

Signature of Individual signing on behalf of debtor

President

Position or relationship to debtor

23-10678

4 IMPRINT
101 Commerce Street
Oshkosh, WI 54901

5W Public Relations, LLC
3 Park Ave 19th Floor
New York, NY 10016

AAA All Voice and Data Inc - 5th Floor
5 Heron Drive
Marlboro, NJ 07746

ABM Building Value
14141 Southwest Freeway
Sute. 400
Sugar Land, TX 77478

Advarra, Inc.
6100 Merriweather Dr.
Suite 600
Columbia, MD 21044

Airgas USA LLC
6055 Rockside Woods Blvd
Independence, OH 44131

Apthorp Pharmacy / RG Drug Group
2191 Broadway
New York, NY 10024-6611

Astec Bio USA Inc
10 Keith Way
Hingham, MA 02043-4259

Banc of America Leasing & Capital LLC
555 California St FL 4
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Cook Medical LLC
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Floreal, Inc.
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EBM IT Solutions Provider
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GLL BVK Columbus Circle LLC
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Global Med Systems, LLC
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Graduate Pest Control, Inc.
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GRM Information Management Services, Inc.
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